08122

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata. LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury
STREET ADDRESS Rison Road. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Douglas (Middle) (n) (Last) BERRY
4. DATE OF DEATH (Month) August (Day) 8 (Year) 1950
5. SEX Male
6. COLOR OR RACE Colored.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH March 4, 1886
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill "OFF BAND"
10b. KIND OF BUSINESS OR INDUSTRY LUMBER
11. BIRTHPLACE (State or foreign country) Charles Co. Doncaster
12. CITIZEN OF WHAT COUNTRY? US A
13. FATHER'S NAME Ned Berry.
14. MOTHER'S MAIDEN NAME MARTHA THOMAS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-1381
17. INFORMANT Mr. J. Ed. Milstead & Tilda Berry.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

912.3 Immediate cause (a) Exsanguination

175d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Traumatic amputation of arm at shoulder — ½ hr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY SAW MILL (CITY OR TOWN) RISON (COUNTY) Charles Co. (STATE) Md.
TIME OF INJURY (Month) Aug. (Day) 8 (Year) 1950 (Hour) 8:05 AM
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Fell into revolving saw

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Woodley. (Degree or title) M.D. ADDRESS La Plata. Md. DATE SIGNED 8 August '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 12, 1950
NAME OF CEMETERY OR CREMATORY Mt Hope.
LOCATION (City, town, or county) Doncaster (State) Md.
DATE REC'D BY LOCAL REG. Aug. 11, 1950
REGISTRAR'S SIGNATURE Mary Sutherland
24. FUNERAL DIRECTOR Penny & Cofer ADDRESS Mason Spgs. Md

45609

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 17 1950
BUREAU V. S

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08123

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Sp Hill Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spring Hill Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Leslie (Last) Burroughs
4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid
8. DATE OF BIRTH 5-7-76
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Burroughs
14. MOTHER'S MAIDEN NAME Annie R. ~~Swan~~ Burroughs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Edward W. Burroughs, Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	8-1-50
610X Antecedent cause(s)	(b) Nephritis	2-1-50
132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Prostatism	7-10-49

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1949, to 8-6, 1950, that I last saw the deceased alive on 8-5, 1950, and that death occurred at 11 55 A m., from the causes and on the date stated above.

SIGNATURE C. Edelen M.D. (Degree or title) ADDRESS La Plata Md DATE SIGNED 8-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/9/50
NAME OF CEMETERY OR CREMATORY Christ Cemetery
LOCATION (City, town, or county) Chaptico (State) Md

DATE REC'D BY LOCAL REG. 8/8/50
REGISTRAR'S SIGNATURE Julia H. Vasey
24. FUNERAL DIRECTOR Hunt & Ryan
ADDRESS Waldorf Md

600VV

RECEIVED
AUG 17 1960
BUREAU V. M.

08124

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN M. Bel alton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chapel Point - Port Tobacco Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel alton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Russell (Middle) Louis (Last) Garner
4. DATE OF DEATH (Month) Aug. (Day) 22 (Year) 1950
5. SEX Male
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 1, 1914
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Tenant
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Adrian Garner
14. MOTHER'S MAIDEN NAME Rosabell Inscoe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W II
16. SOCIAL SECURITY NO.
17. INFORMANT Adrian Garner, Bel Alton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowning — 8-22-50

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) M. Bel alton (COUNTY) Chas. (STATE) Md.
TIME OF INJURY (Month) 8 (Day) 22 (Year) 50 (Hour) 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Sedelen (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 8-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-25-50
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) Bel alton, Md (State)
DATE REC'D BY LOCAL REG. 8/23/50
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf Md ADDRESS

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
AUG 25 1950
BUREAU

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

08125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Charles. Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) FRANCIS (Middle) A (Last) GRAY

4. DATE OF DEATH (Month) Aug. (Day) 10 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 23 Sept. 1843

9. AGE last birthday 56 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Minister

11. BIRTHPLACE (State or foreign country) Port Tobacco Md

12. CITIZEN OF WHAT COUNTRY? N.A.

13. FATHER'S NAME John R Gray

14. MOTHER'S MAIDEN NAME Sarah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) yes

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mary Beverly Jenkins Gray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Respiratory failure	5 min.
	Antecedent cause(s)		
83a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral vascular accident	4 days.
		(c) Arteriosclerosis and hypertension.	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Manic-depressive psychosis — 10 years.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION none.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1949, to 10 Aug., 1950, that I last saw the deceased alive on 10 Aug., 1950, and that death occurred at 2:30 DST m., from the causes and on the date stated above.

SIGNATURE S O Woodley (Degree or title) MD ADDRESS La Plata. Md DATE SIGNED 10 Aug 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8/12/50 NAME OF CEMETERY OR CREMATORY Mt Rest LOCATION (City, town, or county) La Plata Md (State)

DATE REC'D BY LOCAL REG. 8/11/50 REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Waldorf Md

8/15/50 Julia H. Pasey

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MAR 17 1960
U.S. BUREAU

08126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH · COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital	STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) Andrew	(Middle) P.	(Last) Kenlon	4. DATE OF DEATH	(Month) Aug. (Day) 1 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 13 1879	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Mt. Vernon, N.Y.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John P. Kenlon	14. MOTHER'S MAIDEN NAME Mary Jane Reid				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Bernard L. Kenlon, Accokeek, Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	7-31-50
442X Antecedent cause(s)		8-1-50
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Renal Disease	7-20-50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1950, to 8-1, 1950, that I last saw the deceased alive on 8-1-50, 19....., and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata, Md DATE SIGNED 8-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Aug 5, 1950	NAME OF CEMETERY OR CREMATORY St. Mary's	LOCATION (City, town, or county) (State) Piscataway, Md
DATE REC'D BY LOCAL REG. 8/2/50	REGISTRAR'S SIGNATURE Julia H. Posey	24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf, Md	ADDRESS

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08128

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr, Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Richards Twin 1
4. DATE OF DEATH: (Month) (Day) (Year) August 13, 1950

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 8-13-50
9. AGE last birthday yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): La Plata, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Owen John Richards
14. MOTHER'S MAIDEN NAME: Margaret Ruth Nothey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): none
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Owen Richards, Clinton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762,0 Immediate cause (a) Asphyxiation — Interval between onset and death: 10 minutes

Antecedent cause(s)

160 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Head locked in Pelvis by second twin's head

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-13-50, 19....., to 8-13-50, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 10:46 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Woodly. MD. | ADDRESS La Plata, Md. | DATE SIGNED 8-14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 8-14-50 | NAME OF CEMETERY OR CREMATORY Protestant, Baden, Md. | LOCATION (City, town, or county) (State) Baden, Md.

DATE REC'D BY LOCAL REG. 8-14-50 | REGISTRAR'S SIGNATURE Julia H. Casey | 24. FUNERAL DIRECTOR Owen Richards, Clinton, Md. | ADDRESS

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RECEIVED
AUG 17 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08129

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Nr. Hughesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #5 - 1 mi. South of Hughesville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural, give location) 46 Galveston Place, S. W.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Meade (Last) Williams
4. DATE OF DEATH (Month) August (Day) 19, (Year) 1950
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct. 7, 1908
9. AGE last birthday 41 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect
10b. KIND OF BUSINESS OR INDUSTRY Veterans Adm.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Benjamin B. Williams
14. MOTHER'S MAIDEN NAME Fanny Meade
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. II
16. SOCIAL SECURITY NO.
17. INFORMANT (wife) Mary Ruth Williams, 46 Galveston Place, SW Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
819.5	Immediate cause	(a) Fractured Skull	Instant
170 c	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auto Accident	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Hughesville (COUNTY) Charles (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8-19-50 11:30 P.m. EST
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car left road and struck culvert, turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Woodley. (Degree or title) MD ADDRESS La Plata. DATE SIGNED 20 Aug 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-23-50
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia
DATE REC'D BY LOCAL REG. 8-22-50
REGISTRAR'S SIGNATURE Judith H. Pasey
24. FUNERAL DIRECTOR B. L. Hopping & Son, ADDRESS Annapolis, Maryland

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VS. A15A

V 4093

RECEIVED
AUG 24 1950
BUREAU

08127

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sallie (Middle) M (Last) Pickeral
4. DATE OF DEATH (Month) Aug (Day) 3 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 8/3/1950 1895
9. AGE last birthday 55 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Chas Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME William A. Pickeral
14. MOTHER'S MAIDEN NAME Julia Pickeral

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Raymond Pickeral Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs

Antecedent cause(s) (b) Hypertension - Arteriosclerosis

334X 83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2/50, 19....., to 8/3/50, 19....., that I last saw the deceased alive on 8/3/50, 19....., and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE Edwin C Lane (Degree or title) MD. ADDRESS Waldorf Md DATE SIGNED 8/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE 8/5/50 NAME OF CEMETERY OR CREMATORY Okland LOCATION (City, town, or county) Waldorf Md (State)

DATE REC'D BY LOCAL REG. 8-3-50 REGISTRAR'S SIGNATURE M. L. Monroe
24. FUNERAL DIRECTOR Hunt & Ryan Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1950
BUREAU Y. S